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Shared decision making process in audiological rehabilitation of adults with hearing loss: A scoping review

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ADMINISTRATIVE INFORMATION

Support - None.

Review Stage at time of this submission - Piloting of the study selection process.

Conflicts of interest - None declared.

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Amendments - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 20 January 2026 and was last updated on 20 January 2026.

INTRODUCTION

Review question / Objective This study aims to identify practice examples of Shared Decision-Making (SDM) in adult audiological rehabilitation, to evaluate how well research aligns with the practice guidelines, and to identify existing gaps. Therefore, the questions are as follows: 1) What are the processes involved in the practice of SDM within adult audiological rehabilitation across different stages of care? 2) What are the similarities and differences between existing research findings on SDM practice and the guideline documents?

Background Worldwide, about 1.5 billion people live with hearing problems, of whom nearly 430 million are estimated to need support to address their disabling hearing loss (World Health Organisation, 2024). Hearing loss is usually experienced as a chronic health issue that requires long-term management and rehabilitation plans, often addressed through technological options such as hearing aids and cochlear implants to aid in amplification (Timmer et al., 2024). However, focusing only on hearing deficits may not offer a complete picture of the challenges individuals face, as hearing difficulties impact communication and social and emotional wellbeing (Saunders et al., 2021). Therefore, adult hearing rehabilitation must extend beyond improving hearing to address an individual's holistic needs. This involves several stages, each with numerous decisions, starting with whether to seek help, followed by assessment, hearing aid selection, and follow-up care (NICE, 2018). Decision-making is a complex process viewed on a continuum from clinician-led to client-led decisions, with varying degrees of information processing in choosing the most appropriate healthcare choice (Czyż, 2021). Shared decision making (SDM) is a key element of person-centred care, in which clients and Clinicians work together in the decision-making process, combining the best available evidence with the client's goals, values, preferences, and circumstances (Montori et al., 2023). This project

aims to identify practice examples of SDM in adult audiological rehabilitation and map them with current practice guidelines.

Rationale Recent literature indicates that using shared decision-making (SDM) principles in adult hearing care improves clients' adherence to ongoing hearing aid use and enhances satisfaction with rehabilitation outcomes, particularly when clients are actively involved in exploring their preferences and taking ownership of their choices regarding hearing devices and rehabilitation plans (Hussain, Wilkes and Dhanda, 2023; Jorbonyan et al., 2024; Marcos-Alonso et al., 2023; Knoetze et al., 2023). Based on the individual nature of hearing loss, communication needs, and lifestyle factors, if SDM ensures the selection of rehabilitation options that align with a client's personal values, preferences, and daily life, clients have reported improved quality of life experiences (Granberg et al., 2022; Scarinci et al., 2022). Despite the key ingredients, principles and value of shared decision making processes being well accepted theoretically, it remains unclear what SDM looks like in practice and how to implement it efficiently in audiological practice. In addition, how SDM might vary across different contexts of adult audiology rehabilitation is underexplored. Considering the broad nature of the topic and the nascent nature of the shared decision making (SDM) approach in audiology practice, a scoping review is considered to identify and map practice examples of SDM with practice guidelines in adult audiological rehabilitation.

METHODS

Strategy of data synthesis The following electronic databases will be searched: PubMed, CINAHL, Academic Search Premier, PsycARTICLES, PsycINFO and Web of Science Core Collection. Additionally, grey literature searches will also be conducted to include policies, guidelines and practice documents. Also, Additional hand searches will be conducted to include studies from the reference lists of relevant articles and from university repositories. Articles published from 1995 to the present will be included for this review. The search date for each platform or the database will be reported. The search strategy will include the following headings or keywords: 1) descriptors of shared decision making; 2) descriptors of adults with hearing loss; 3) descriptors for audiological rehabilitation, and 4) indicators. Boolean operators AND, NOT, and OR will be applied, and free text terms will be outlined in each heading. Truncation will be applied wherever possible (e.g "shared decision mak*", hearing impair*, "auditory rehab*").

Eligibility criteria This review will include research studies and guideline documents on shared decision-making (SDM) for adults aged 18 years or older with hearing loss. Literature focusing on adults with tinnitus and hearing loss related to complex additional needs (such as dementia or other neurological conditions) will be excluded. There will be no restrictions on the study designs of the primary studies included in this review as long as they offer information on how SDM could be implemented, but secondary research studies, like scoping or systematic reviews, will be excluded. Studies reporting the perspectives of one or all the players involved in SDM (e.g. patients, clinicians, researchers) will be included. The phenomenon of interest for this scoping review is identifying practice examples of SDM. Studies reporting only the findings on the outcomes of SDM will be excluded from this review. Practice guidelines from audiology governing bodies (e.g., BSA, ASHA) will be included. Research articles published from 1995 onwards will be considered. This scoping review will only include publications written in English.

Source of evidence screening and selection Records retrieved from all databases will be exported to the Rayyan software to remove duplicates automatically. Manual checks will also be conducted to ensure that all records are free of duplicates. These records will undergo two levels of screening: 1) title and abstract screening, and 2) full-text screening following the Preferred Reporting Items for Systematic Review and Meta-Analyses Extension for Scoping Reviews – PRISMA-ScR (Tricco et al., 2018) guidelines. The initial screening phase will be conducted using the Rayyan software, which will be accessible to all reviewers. Two reviewers will independently screen the records based on title and abstract. Any discrepancies in data extraction between the two reviewers will be discussed and moderated by the supervisor. Phase two of the screening involves reviewing the full texts of eligible papers by two independent reviewers.

Data management Data extracted from the included studies will be recorded in a tailored Microsoft Excel spreadsheet to efficiently organise and manage all relevant information from the studies that meet the inclusion criteria. The data extraction will focus on answering the research questions on shared decision making. In addition to ease synthesis and mapping, additional information, including demographic data from the

studies (e.g., study details, population characteristics, SDM process, key findings), will be gathered. Clean data spreadsheets will be uploaded to Figshare to promote open access in research.

Reporting results / Analysis of the evidence Findings will be synthesised narratively to map the breadth and nature of the literature in relation to the objectives of the study. The analysis will proceed in three stages. First, a descriptive summary will profile the evidence base for participant and study characteristics (e.g., frequencies by year, country, setting, population, severity and type of hearing loss) and these will be displayed in tables and simple figures. Second, a narrative synthesis will organise charted data into a priori and emergent categories aligned with the PCC framework (participants, concept, context). Using iterative coding, studies will be grouped into conceptual domains (for example, SDM delivery approaches, clinician attribute, client perspectives), with patterns, consistencies, and divergences described across and within groups. Where helpful, subgroup structuring (e.g., age bands, service setting) will be used to clarify heterogeneity. Third, relationships between categories will be explored to identify evidence clusters, gaps, and areas of conceptual ambiguity; these will be presented as textual summaries supported by evidence maps. The narrative will emphasise how the distribution and content of evidence address the objectives, note critical uncertainties, and highlight implications for practice, policy, and future research.

Presentation of the results Results of this scoping review will be presented using a PRISMA-ScR flow diagram for the study selection process, followed by a table summarising the included sources—covering details such as study design, location, and concepts—and numerical analyses, such as publication trends by year or region, presented in charts. A draft table may include columns such as: Source ID, Author/Year, Country, Study Type, Population, Key Concepts, and Gaps Noted. Visual aids, including charts, will be used to illustrate the study findings.

Language restriction This scoping review will include only publications written in English.

Country(ies) involved United Kingdom.

Keywords Shared decision making; Auditory rehabilitation; Adults with hearing loss.

Dissemination plans The findings of this scoping review will be presented at conferences and published in peer-reviewedjournals.

Contributions of each author

Author 1 - Gnanavel Kuppuswamy - GK developed and prepared the review protocol will lead the selection and extraction process.
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